CIHR—Institute of
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CIHR IRSC

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Message from the Scientific Director

In this September issue of POP News, we are delighted to profile the work of two of our innovative Centres for Research Development. Louise Potvin talks about Québec's Léa Roback Research Centre, which is dedicated to reducing health inequalities. Renée Lyons reports on the Atlantic Networks for Prevention Research, a pan-Atlantic partnership seeking to improve research capacity in the region, with an emphasis on diagnostic tools that assess the health-promoting qualities of communities, workplaces and schools.

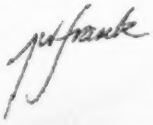
We also chat with Dr. Patricia Martens of the Manitoba Centre for Health Policy about this year's IPPH/IHSPR Summer Institute. Held in June at the University of Manitoba in Winnipeg, this event brought together over 30 graduate and post-graduate students in population and public health and health services and policy research to discuss issues relating to the use of population-based health and health services data to guide intersectoral action. Attendees report that the 2006 Summer Institute was a huge success, and we heartily thank Pat, the Institute's Chair, and her team, for their capable and enthusiastic organization and management of the event.

As well, we are pleased to feature the work of Chantelle Richmond, a PhD candidate in the Department of Geography, McGill University, and winner of this year's Dr. John Hastings Student Award. In this engaging and personal article, Chantelle talks about the importance of understanding the crucial relationship between place and health, and describes her own research into the value of social support relationships in improving the health of Aboriginal Canadians.

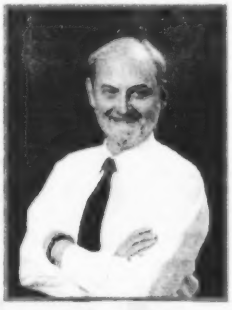
Make sure you read about our latest funding opportunities.

As always, please be in touch with any feedback about the work of the Institute. We very much welcome your comments.

Warm regards,



John Frank
Scientific Director



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The Léa Roback Research Centre on Social Inequalities and Health

by Louise Potvin

Louise Potvin is Co-Principal Investigator of the Centre de recherche Léa-Roback sur les inégalités sociales et de santé de Montréal. She is Professor in the Department of Social and Preventive Medicine at the Université de Montréal, holds a PhD in Community Health, and has done extensive work on evaluating community health programs.

The Léa Roback Research Centre on Social Inequalities and Health is dedicated to reducing health inequalities and improving quality of life.

The term "health inequalities" refers to variations in health status and related factors that are linked to the social group to which a person belongs; such inequalities arise from the social determinants of health. For example, in Montréal, life expectancy for persons living in economically disadvantaged areas is twelve years lower than for persons living in Montréal's most affluent neighbourhoods (the West Island). The Centre was named in honour of a Montréal militant who is celebrated for her active involvement in sectors we now associate with the social determinants of health: work, housing and living conditions.

The Centre is the only research group in Québec where research programming is wholly devoted to the problem of health inequalities. All researchers belonging to the Centre conduct research that seeks answers to one of four questions that form the backbone of the research program:

1. How do social inequalities become health inequalities?
2. How can we reduce social inequalities related to health status?
3. How can we reduce the impact of social inequalities on health?
4. How can we reduce the impact of health problems on the growth of social inequalities?

Twenty-four researchers working in a dozen sectors are regular members of the Centre. They conduct research in their respective fields, while keeping in mind the importance of decompartmentalizing knowledge and sharing their discoveries. Research associates and postdoctoral research fellows bring the total number of researchers to thirty-nine.

In addition to research conducted by its members in several universities, the Centre also conducts onsite research. Preliminary studies are underway for a broad longitudinal survey on the relationship between a person's environment and his or her health. Two other studies are in the preparatory stages: the first aims to design tools (indicators, empirical results, etc.) to help decision-makers characterize different types of environments; the second focuses on the links between social policies and the impact such policies have on health. All research falls under one of four axes within the Centre's mandate. These are:

1. The development of research into social inequalities in health that are shaped by living conditions;
2. The creation of alliances between researchers from various disciplines, the public, decision-makers, and institutional and community stakeholders, in order to conduct this research;
3. Knowledge transfer, to translate research results into action;
4. The training of a critical mass of researchers working in this sector.

In order to fulfill its mandate, the Centre has set up programs and services focused on innovation and concrete benefits. Five ongoing lecture series have been designed, corresponding to either knowledge transfer or the creation of alliances between decision-makers, researchers and stakeholders. One example, a series entitled Comprendre Montréal (Understanding Montréal), targets a small group of Montréal decision-makers (including representatives from the City of Montréal, the Directeur de Santé publique de Montréal, and the Director-General of the Conférence régionale des élus de Montréal); the series fosters dialogue between researcher and decision making spheres. Approximately twenty lectures have been given to date in the five series.

In addition to these lecture series, there are financial support programs for project development (sixteen projects funded to date), international activities, internships or participation in conferences abroad (seven activities funded), and for research funding requests (six projects funded).

The Centre also employs two GIS (Geographic Information System) professionals, who have built tools that give researchers useful data for research on the social inequalities of health. These two professionals provide constant methodological support to those carrying out research projects.

On June 7th 2006, the Centre held a major symposium on poverty and children's health. It was also involved in the preparation of two other symposia as part of the 74th Association canadienne-française pour l'avancement des sciences (ACFAS) congress.

These activities are all attempts to bring a vision to life: this vision aims to bring new momentum to a sector that is not just a research area, but also a venue for major political decisions and for interventions that are no less important: the social inequalities of health.

Atlantic Networks for Prevention Research (ANPR)

By Renée Lyons, PhD, Canada Research Chair in Health Promotion, Senior Scientist of the Atlantic Health Promotion Research Centre & Professor, Department of Psychology, Dalhousie University.

Atlantic Networks for Prevention Research (ANPR) is a pan-Atlantic partnership of research centres at four universities: Dalhousie University, Memorial University of Newfoundland (MUN), the University of New Brunswick (UNB), and the University of Prince Edward Island (UPEI). ANPR seeks to improve research capacity in population and public health in the region with an emphasis on environmental diagnostic tools that assess health-promoting qualities of communities, workplaces and schools. Below, we provide a brief overview of ANPR's organizational structure, a description of selected projects, and some ideas on environmental diagnostics from a concept paper we are currently preparing.

The Atlantic Health Promotion Research Centre (AHPRC) at Dalhousie University is the host organization for ANPR (Renée Lyons, AHPRC, is the Principal Investigator). ANPR is governed by a management committee made up of the team leads from each research centre, which meets twice yearly and stays in touch periodically through teleconferences. The central office, at AHPRC, is managed by the ANPR Coordinator, Sally Walker.

A Network of Networks. ANPR uses research networks as the main approach to building research capacity in Atlantic Canada. Networks are used to connect researchers with research users, attract new investigators, stimulate the development of research ideas and programs of research, and foster knowledge translation. The networks are sustained through conference calls, face-to-face meetings, e-mail groups, the ANPR website, and an Atlantic research forum held once every two years — a central focus is proposal development.

The core network structure of ANPR is profiled at the top of page 6. Three of the research centres have research networks focusing on social and physical environments in one setting: communities and public health (Dalhousie), workplaces (MUN), and schools (UPEI). The fourth centre at the University of New Brunswick functions as a data development centre. Below we provide a short overview of each network and the data development centre.

Communities & Health Research Network. Lois Jackson of Dalhousie University leads the Communities & Health Research Network at AHPRC. The network consists of several sub-networks of researchers, community organization representatives, and in some instances government decision-makers. The network has completed an *Environmental Scan of Health-related Public Consultations in the Atlantic Region, 2000-2005* and an *Inventory of Health Indicators for the Built Environment*. One research team has begun a CIHR-funded project, *Community-level Interventions in the Social Environment to Improve Health: A Systematic Review*. A new research team is currently developing a proposal on youth mental health and well-being and community engagement.

The Public Health Research and Knowledge Translation (PHRKT) Network. The PHRKT Network was initiated by Lynn McIntyre (now at the University of Calgary) and is currently led by Donna Meagher-Stewart (AHPRC, Dalhousie University), with co-chair Janet Braunstein Moody of the Nova Scotia Department of Health Promotion and Protection. The PHRKT consists of researchers, policy-makers and practitioners from all four Atlantic provinces, as well as from outside the region. Several documents have been developed to assist this group in establishing a research agenda: *Background Documents for Public Health Research Priorities in Atlantic Canada* and *Report of the Public Health Research and Knowledge Translation (PHRKT) Workshop*. Many of its members are currently collaborating to develop a research proposal on evidence-informed decision making by public health nurses and the role of communities of practice, which includes a diagnostic tool for assessing the impacts of workplace environments on evidence-informed decision making.

The Network for Research in Workplace Health. This network, based at SafetyNet/Applied Health Research Centre at the Memorial University of Newfoundland, is co-led by Stephen Bornstein and Barbara Neis. A survey to identify workplace health researchers and research users in Atlantic Canada revealed great enthusiasm for the value of a research network, although currently there is a limited number of workplace health researchers in the region. SafetyNet has begun a Public Health Agency of Canada-funded project, *Developing a Community-Based Approach to Policy Innovation in the Seafood Processing Industry*. It also hosted a major international conference on occupational health and safety in St. John's in June 2006 and will develop a *Checklist for Use by Health and Safety Committees in Shellfish Processing Plants*, an environmental diagnostic tool and approach that could be modified for other types of workplaces.

The School Health Research Network, led by Donna Murnaghan of the PEI Health Research Institute at the University of Prince Edward Island, consists of researchers, decision-makers, and school administrators from the four Atlantic provinces, as well as from other provinces. This network has completed a *Better Practices in School Health Research* workshop and resource manual and is refining a *Toolkit for Elementary Schools*, which provides information for parents, teachers and schools on creating school environments that promote healthy eating and physical activity. The network hosted a well-attended workshop at the ANPR Forum 2005, *Building School Health Research: The Role of Coordinated Databases*. The network is currently conducting an inventory of health-promoting initiatives in Atlantic Canadian

Continued on page 5 & 6...

The annual IPPH/IHSPR Summer Institute brings together graduate students, postdoctoral fellows, researchers and decision-makers from across Canada, and from a variety of disciplines, for a unique multi-day training opportunity. The 2006 Summer Institute was hosted by the Manitoba Centre for Health Policy (a unit within the Department of Community Health Sciences, Faculty of Medicine, at the University of Manitoba) and took place in Winnipeg, Manitoba from June 19-21. The Chair of the Summer Institute, ***Dr. Patricia Martens****, talks about this year's event.*

What is the goal of the Summer Institute?
The Summer Institute aims to foster the creation and maintenance of interdisciplinary research teams, and interactions with community/policy maker/practitioner partners. It provides an opportunity for trainees to be exposed to a range of researchers and perspectives in the fields of population and public health (PPH) and health services and policy research (HSPR), and allows students to interact with and learn from decision-makers with interests in their research. Ultimately, the Summer Institute contributes to the evolution of a network of PPH and HSPR researchers and research users across the country.

What was the focus of this year's Summer Institute?
The theme of this year's Summer Institute was: "Using population-based health and health services data for research: Challenges and opportunities in an intersectoral environment." This topic was chosen to build upon two recent joint IHSPR/IPPH initiatives that aimed to identify ways to improve access to such data in Canada, as well as address issues related to the use of personal information for health research. Over the three days, we focused on three main concepts: research design, ethics and privacy issues, and knowledge translation.

Who attends the Summer Institute?
The Summer Institute is open to graduate students and postdoctoral fellows in applied health services and policy, or population and public health research. The number of attendees to the Summer Institute is limited in order to provide a personal learning experience. This year, we had 31 trainees. However, we had 136 applications from people wanting to attend! In the words of one participant: "When I wrote my application for the Institute, I suggested that a primary objective for my learning was to understand more about administrative databases – how to access and use them. This Institute exceeded my objectives and expectations for learning. I can't say enough about how well positioned I feel to undertake my dissertation proposal now."

The number of trainees at the Summer Institute was matched by a similar number of research mentors, community mentors and special speakers. The research mentors were experts in HSPR and PPH who aided small groups of students through a brainstorming research process over the three days. The Manitoba community mentors, who are high-level regional planners and decision-makers working with MCHP on the CIHR-funded *The Need to Know Team*, brought a valuable "so-what?" perspective to these groups, asking, "How is the research under discussion relevant to a "real world" decision-maker?" Finally, special speakers gave seminars on particular topics over the three days.

What happens at the Summer Institute?
Each day was devoted to a combination of plenary sessions presenting relevant case studies by experts in ethics, knowledge translation or research design; small group work to tackle a research project over the three days; and elective workshops on specific topics, such as data sources and data methodologies. There was also lots of additional time for students to meet with mentors and experts in their areas of interest. In the words of one graduate student: "My primary objective was to dialogue with people who came from different theoretical and practical perspectives; this objective was certainly met. I greatly value the dialogue that took place and the opportunity for future collaborations."

We also made time for a lot of fun! Our evening events were designed to create a further understanding of health in an entertaining way, and included a visit to Thunderbird House in downtown Winnipeg for a traditional Aboriginal meal, a square dance teaching session with older adults, and dinner at Manitoba's Legislative Buildings with Minister of Health Tim Sale and IPPH Scientific Director Dr. John Frank. According to one of the attendees, "The evening events were fantastic! They provided a great opportunity to get to know (and have fun with) colleagues and mentors, as well as give us all a real taste of the Winnipeg experience. You may even have spawned a new cross-Canada square dancing craze!"

What was the outcome of the 2006 Summer Institute?
Each and every participant—the students, research and community mentors, speakers, and organizing staff—made the 2006 Summer Institute a huge success. These events serve as invaluable opportunities to train future PPH and HSPR researchers, to encourage networking both within and across disciplines, and to enable the interaction of senior and junior researchers, and community and decision-maker partners. It is especially gratifying to see several student attendees from earlier Summer Institutes now participating in a mentor or speaker role themselves. As one student summarized: "The Summer Institute reinforced for/reminded me that research must be for the well-being of individuals. It is of primary importance to develop ways of transferring knowledge."

Where will next year's Summer Institute be?
The next Summer Institute will be held from June 24-27, 2007, at the Banff Centre in Banff, Alberta, and will focus on methods and issues in population health intervention research. It will be chaired by Dr. Penny Hawe. Check the IPPH Institute website for details later this year at : www.cihr-irsc.gc.ca/e/13777.html

Pat Martens is Director of the Manitoba Centre for Health Policy (MCHP). She is also a Senior Researcher with MCHP and an Associate Professor in the Department of Community Health Sciences, at the University of Manitoba. Dr. Martens is a CIHR New Investigator, and a valued member of the Institute Advisory Board for CIHR's Institute of Population and Public Health.

ANPR... Continued from page 3

schools. They are also developing a renewal proposal to CIHR to develop a multi-province research project aimed at developing and refining interventions for schools around healthy eating, physical activity and not smoking.

The **Canadian Research Institute for Social Policy** (CRISP) at the University of New Brunswick, led by Doug Willms, manages the *Data Development Centre* of ANPR. This centre supports the other three centres in working with data from small geographical areas, including data from the *National Longitudinal Survey of Children and Youth* and the *Canadian Community Health Survey*, CRISP held a highly successful conference, *Healthy Schools: Improving the Emotional and Physical Health of Children in Our Schools* in the fall of 2005, in cooperation with the School Health Research Network and other centres. CRISP also produced the *Healthy Kids Toolkit: Helping Educators Build Active School Communities*. CRISP contributes to ANPR through its innovative diagnostic tool, the *Early Years Evaluation*, and its creative *CRISP Facts and Policy Briefs*.

Environmental Diagnostics. Numerous tools for assessing qualities of settings are already being used for the purposes of addressing problems, characterizing the health of settings, ongoing monitoring of conditions, and planning. In reviewing and evaluating these tools, we are asking: What are they? For what groups are they useful? Are they evidence-based? From a scientific perspective, what knowledge do they generate? From a public health perspective, do they add clarity to understanding specific settings and contribute to the design of appropriate interventions to improve health? We have been conceptualizing the notion of environmental diagnostics to identify core health-promoting characteristics that may be common to different settings. The research on health and place is an emerging field that draws from many disciplines, including the social determinants of health, community development and sustainability, health geography, healthy communities, community health assessments and community planning, among others. Leading practitioners are now recommending new frameworks for studying the effects of settings on health, and some are pointing to the necessity of a holistic approach, which takes into consideration the interaction of the environments of communities, workplaces, schools and families. Because the ANPR networks are investigating three different settings, we are uniquely positioned to critically assess and design tools related to place and health.

ANPR is working to improve research capacity in population and public health in Atlantic Canada, a region with low resources, small universities, a dwindling population, and few researchers in population health. Thanks to the IPPH infrastructure grant, several universities in Atlantic Canada are pooling resources for improving research in the region and providing scientific leadership in environmental diagnostics.

If you are interested in participating as part of the research networks or in postdoctoral studies, please contact:

Sally Walker, ANPR Coordinator
Sally.walker@dal.ca
Phone: 902-494-8369

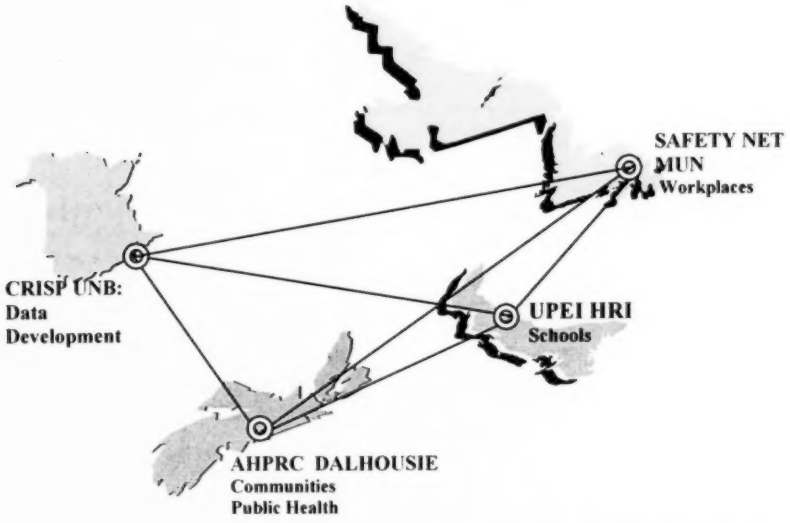
All documents referred to in this article are available on the ANPR website at : www.anpr.dal.ca

See ANPR Network Diagram on page 6..

ANPR Team Leads with John Frank at ANPR Forum 2005

Dr. Donna Meagher-Stewart, Team Lead for Public Health Research & Knowledge Translation Network

ANPR... Continued from page 5



ANPR: A Network of Networks

Funding Opportunity
Public Health Research, Policy and Practice Initiative

(A joint initiative of the Public Health Agency of Canada—Office of Public Health Practice & the CIHR—Institute of Population & Public Health)

Threats to the public's health continue to be highlighted in Canada's media. These threats include the contaminated water in Walkerton, SARS and influenza, increases in chronic diseases such as obesity and diabetes, and shifts in underlying socioeconomic, cultural and environmental determinants. These trends have underscored the critical importance of public health but also highlighted the vulnerability of our public health infrastructure. A number of federal, provincial and territorial commissions and committees have produced reports with several recommendations to address the public health system's weaknesses. These reports recommend infrastructure renewal to more effectively execute the five essential functions of public health—population health assessment, health promotion, disease and injury prevention, health protection and health surveillance. One of the key recommendations is to ensure an adequate supply of public health professionals with the right knowledge, skills and relevant education and mentorship opportunities to actively contribute to a revitalization of Canada's public health infrastructure. With the expansion of Masters of Public Health programs and emerging Schools of Public Health across the country, universities are clearly responding to this challenge but must ensure the appropriate public health faculty complement to fulfill the required mentoring, education, and research responsibilities.

The CIHR-Institute of Population and Public Health (IPPH) and the Public Health Agency of Canada's Office of Public Health Practice are dedicated to strengthening public health research, policy and practice capacity in Canada. To this end, we have launched several complementary initiatives, with this overall purpose in mind. These include:

Priority Announcement — the purpose of this program is to strengthen public health research capacity by supporting the next generation of public health researchers, and stimulating public health policy- and practice-relevant research across the country.

Doctoral Research Awards in Public Health

- The maximum amount awarded will be $22,000 per annum, including a stipend of $21,000 and a research allowance of $1,000, per award for up to 3 years.
- ***Timelines:*** Full applications must be courier stamped by October 15, 2006.
- URL: www.cihr-irsc.gc.ca/e/31316.html

Post-Doctoral Awards

- The maximum amount awarded will be $60,000 per annum, including a stipend of $21,000 - $55,000 (stipend levels vary depending on degree(s) and licensure held and location of study) and a research allowance of $5,000, per award for up to 5 years (length of term varies depending on degree(s) and licensure held by the applicant).
- ***Timelines:*** Full applications must be courier stamped by October 1, 2006.
- URL: www.cihr-irsc.gc.ca/e/31307.html

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The Contribution of the Geographer for Understanding Aboriginal Health

Chantelle Richmond, PhD Candidate, Department of Geography, McGill University — "The social support and health relationship: Establishing its value for Aboriginal health in Canada" —

When people ask me what sort of research I do, they are always surprised when I tell them I work in Aboriginal health. You see the thing is, I am a geographer. Geographers are, admittedly, not that widely known for their work on human health, despite the long history of the sub-discipline of "medical geography." It was in 1854 that medical doctor John Snow identified the city of London's Broad Street pump as the source of an intense cholera outbreak by plotting the location of cholera deaths on a dot-map. While authors in other health-related disciplines focus on Snow's "shoe-leather epidemiology," the Broad Street story forms part of medical geography's disciplinary identity.

Since the time of John Snow, medical geography has transformed considerably, and researchers now draw from varying epistemologies and methods to better understand the links between place and health. Perhaps the biggest change has been a re-emerging interest in culture, and a changing conceptual understanding of place. In the past few decades, geographers interested in health have begun to incorporate more intensive methods and to look "behind the numbers" to better understand the contextual factors and social-structural processes that shape health.

It was during this evolution that I began my academic journey. While completing an internship at Environment Canada in 1999, I realized an academic career would best allow me to contribute to reducing the inequalities endured by Aboriginal Canadians. The focus of the internship was to research the effects of mercury on human health. I soon discovered that Aboriginal peoples' health and well-being was intimately linked to local environments, and that the impacts of environmental contamination were reflective of much broader processes, including political marginalization and environmental dispossession.

Between 1976 and 1980, for instance, a staggering 51 Aboriginal communities across Canada were labeled "at risk" for mercury contamination. In my own community, the Ojibways of the Pic River First Nation, there was a five-year reliance on bottled water during the late 1980s, as our water had been contaminated by a nearby gold mine. But these issues are not historical. In March 2006, 76 First Nations communities were under boil-water advisories, and three communities had "do-not-consume" advisories. Clearly, the relationship between health and place has political and cultural dimensions, yet these are often overlooked in the context of Aboriginal health.

After seven years of academic study, I am still engaged in research concerning the place effects of Aboriginal health. My focus is currently directed toward the social environment, and more specifically, on establishing the value of the social support-health relationship for Aboriginal Canadians. Many researchers have sought to understand the fundamental causes of poor health among this population, and results often point to varied upstream processes (e.g. Canada's colonial legacy). However, left largely unexplored in this literature is the means through which local, social resources, such as social support, can mediate (or exacerbate) the effects of these structural forces on health.

Aligned with my advisor Nancy Ross, my PhD thesis has drawn on mixed methods analyses to explore these issues. The quantitative analyses, based on the 2001 Aboriginal Peoples Survey, have identified social support as a fundamental dimension and determinant of health. Our findings affirm the multi-dimensionality of Aboriginal health concepts, and they also point to significant associations between self-rated health and various types of social support—all of which were stronger among women. In exploring the Aboriginal-specific sources and meanings of social support in shaping health, I have turned to more intensive methods. The final leg of my thesis therefore draws from interviews with 26 Aboriginal Community Health Representatives (CHR's) to get at issues of mechanism and meaning underpinning the social support-health relationship. With the analyses well underway, I am inspired by the power of the humanist approach, and the significant contribution of the CHR's narratives for contextualizing health and social problems in terms of everyday realities, and the potential for developing policies that make sense to local people.

This past June I was extremely honoured to receive the Dr. John Hastings Student Award. As an Aboriginal scholar, I consider myself incredibly fortunate to work with and for the good of my community. Working on these issues is something that I am truly passionate about, and having my work recognized in this manner has been very meaningful to me—both on a professional and personal level. I am appreciative of Kue Young and his colleagues at the University of Toronto/McMaster University Indigenous Health Research Development Program, who have supported my work over the years. I am also grateful to CIHR's Institute for Aboriginal Peoples' Health, whose dedication to Aboriginal health issues and building capacity among Aboriginal health researchers has been truly outstanding. There is a wave of bright and passionate scholars currently in training, and I am delighted to be part of this group.

Over the next few years, I plan to complete a postdoctoral fellowship in southern Australia—no, not for the wine or the surfing!—but as my partner completes a medical degree. I am enthusiastic about building on the issues explored in my PhD in the Australian Aboriginal context. In the long run, I look forward to an academic career in Canada, where I may continue my work on the links between health and place among Aboriginal peoples. If there are comments or questions about my research, or about topics raised in this article, please feel free to email me at:
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PH Initiative... Continued from page 6

Applied Public Health Chairs Program

This program aims to strengthen population-level and community-level policy and program intervention research, mentoring and education capacity by supporting public health faculty in Canada. It is expected that this targeted investment will lead to increased national capacity for effective research, mentoring, education, knowledge translation and application of research evidence of relevance to the public health system.

Timelines: Letter of Intent must be courier stamped by October 15, 2006.
URL: www.cihr-irsc.gc.ca/e/31329.html

Professional Masters of Public Health Program

This awards program aims to strengthen public health capacity in Canada, by supporting the current and next generation of public health policy makers and practitioners. The program will build capacity for effective knowledge translation and use of research evidence by the public health system. It is being administered by CIHR and provides a number of Master's awards based on recommendations made by Canadian institutions offering a public health professional Master's degree program. By "public health professional Master's degree program" we mean primarily course-oriented programs that include a practicum and are intended to prepare graduates for the practice of public health.

Timelines: To be re-launched at a later date.
URL: www.cihr-irsc.gc.ca/e/30092.html

CIHR Funding Opportunities

For more information on the above and other funding opportunities, please visit the CIHR website funding page.

www.cihr-irsc.gc.ca/e/779.html

Journées annuelles de santé publique (JASP)
"Ten Years of Boundless Knowledge"

Public Health Event:

This event (Québec's annual public health conference), which is taking place in Montréal from October 23 to 27, 2006 with the theme **"10 Years of Boundless Knowledge"**, is the largest event of its kind in Québec. To highlight JASP's 10th anniversary, an international flavour has been added to this year's program. In this vein, 13 symposia are being planned by Québec organizations in collaboration with Canadian and international partners.

You will find the full programme (and registration details) for the Journées annuelles de santé publique (JASP) online at : www.inspq.qc.ca/jasp/